

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



January 28, 2000

**COUNTY FISCAL LETTER (CFL) NO. 99/00-52**

TO: COUNTY WELFARE DIRECTORS  
COUNTY WELFARE FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIM FUNDING CHANGES FOR EMERGENCY  
ASSISTANCE (EA) GENERAL ASSISTANCE (GA)

REFERENCE: COUNTY FISCAL LETTER (CFL) NOS. 97/98-51, 99/00-35, AND ALL  
COUNTY INFORMATION NOTICE (ACIN) I-02-98

This letter provides updated assistance claiming instructions for EA GA.

**BACKGROUND**

As outlined in CFL No. 99/00-35, the State Budget Act of 1997 shifted funding for all EA programs from the Temporary Assistance for Needy Families (TANF) Block Grant to State General Fund (SGF) to help meet the TANF Maintenance of Effort (MOE). However, in the federal Guidance on Application of the TANF Final Rule (TANF-ACF-PA-99-1) dated April 12, 1999, states were notified that while the former EA expenditures are eligible for TANF funds, they cannot count towards the TANF MOE.

Also, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, restricts the access of certain categories of immigrants to specified federal benefits, including those funded under TANF. Section 403 of PRWORA bars most qualified aliens who entered the United States on or after August 22, 1996, from eligibility for "federal means-tested public benefits" for five years beginning on the date the individual entered the United States with a qualified alien status.

**CLAIMING INSTRUCTIONS**

The attached Summary Report of Assistance Expenditures for EA, GA- Child Welfare Services (CWS) form (DFA 881) has been revised to reflect the shift from SGF to federal TANF funds. There is no change in the county share. The California

Department of Social Services (CDSS) will shift the funding at the state level from SGF to TANF for the October and November 1999 claims [DFA 881 (State) forms]. Effective with the December 1999 claim month, all counties are required to complete and submit the revised DFA 881 (Federal) form (Attached).

Please destroy all previous versions of these forms since they will no longer be accepted. Camera ready copies of the revised forms are available upon written request or by contacting:

California Department of Social Services  
Forms Management Unit  
744 P Street, M. S. 7-182  
Sacramento, CA 95814  
Telephone Number (916) 657-1907

As outlined in ACIN I-02-98, dated January 5, 1998, and CFL No. 97/98-51, dated March 26, 1998, any "qualified aliens" who entered the country after August 22, 1996, are not eligible for TANF funded services for a period of five years from their date of entry. Therefore, counties are to ensure that any EA Probation GA costs claimed under the TANF Probation Program, from July 1, 1997, to the present did not include services costs for undocumented aliens who entered the country after August 22, 1996.

Counties are reminded that any new "qualified alien" cases that entered the United States after August 22, 1996, cannot be claimed on the Summary Report of Assistance Expenditures for EA, GA-CWS form DFA 881.

The CDSS Fiscal Policy Bureau (FPB) staff is available to answer any questions related to these claiming instructions. You may call your FPB county analyst directly or you may call the FPB at (916) 657-3440 to be directed to the appropriate analyst.

Sincerely,

***Original Document Signed By  
George E. Peacher, Jr. on 1/28/00***

GEORGE E. PEACHER, JR., Chief  
Fiscal Systems and Accounting

Attachments

c: CWDA

**SUMMARY REPORT OF  
ASSISTANCE EXPENDITURES FOR  
EMERGENCY ASSISTANCE (EA)/GENERAL  
ASSISTANCE (GA)-CHILD WELFARE SERVICES (CWS) - FEDERAL**

FOR STATE USE ☐ DSS ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE ( )

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

A. Persons Counts	B. Total Aid	SOURCE DOCUMENTS
Children		<b>Current Month</b>
		1. Main Payroll
		2. Current Month Supplemental Payroll
( )	( )	3. Current Month Cancellation
		4. Prior Month Supplemental Payroll
		5. Current Month Adjustments
		6. Subtotal

		Prior Month Negatives
( )	( )	10. Prior Month Cancellation
( )	( )	11. Recoveries of Aid
( )	( )	12. Prior Month Negative Adjustments
( )	( )	13. Subtotal

		Prior Month Positives
		17. Prior Month Positive Adjustments

		18. Total (Lines 6+ 13 + 17)
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		B.	C. Federal (Line 18B x .5)	D. County (18B -19C)
19.				
20.	GRAND TOTALS	\$	\$	\$
		(Line 18B)	(LINE 19C)	(Line 19D)
21.	(FOR STATE USE)			
22.				
23.	(FOR COUNTY USE)			

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance General Assistance in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Emergency Assistance General Assistance made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

## INSTRUCTIONS FOR USE OF FORM DFA 881 (GA/CWS) - FEDERAL

1. Enter county name, and month and year of claim, in spaces provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form can be used for claiming federal reimbursement of General Assistance expenditures for eligible Emergency Assistance (EA)-CWS recipients. In addition, expenditures for undocumented aliens eligible for EA are to be reported on this form.
4. Complete Lines 1 through 5, 10 through 12, and 17 in accordance with the amounts shown on the integrated payroll summary. (On non-integrated payrolls, enter the grand totals shown for each payroll or contra roll.)
5. Enter the subtotals of Lines 6 through 13.
6. Enter the totals of Line 6 + 13 + 17 on Line 18.
7. Line 19C—The federal share is computed by multiplying Line 18B by 50%.
8. Line 19D — The county share is computed by subtracting Line 18B from 19C.
9. Line 20B, C and D — Enter grand totals.
10. Line 21 and 22 —Reserved for application of adjustments made by the state (federal and/or state field audit exceptions, etc.).
11. Line 23 — Included at county request and use is optional. If adjustments are reported in Lines 5, 12 or 17 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's record of expenditures.